

# CAM Newsletter

Professionals Empowering Children



[www.childrensalliancemt.org](http://www.childrensalliancemt.org)

February 2020

## Update from the Director

*Happy February Everyone!*

It's hard to believe January has come and gone and we are now half way through February! With a new year came new leadership for the CAM Board. I'm pleased to announce that CAM's new Board Chair is Mary Barry. Mary is a Deputy Whitefish City Attorney. Kipp Tkachyk is CAM's new Vice-Chair. Kipp is the Director of the Flathead County CAC. We are all excited for the successes and challenges 2020 will bring. We would like to thank Tara A. Harris for her two years of exemplary leadership as the Chair of the CAM Board. Thank you Tara! Tara moves to the Immediate Past Chair position.

January was a great month for CAM! In partnership with the MCSART Program of the Montana Department of Justice we kicked off the year with the 5th Annual Montana Children's Justice Conference held January 15-16 in Big Sky. We had a wonderful turn out for the conference with 128 people attending. We had professionals from 18 of the 56 counties in Montana. We would like to thank everyone who attended and all those who put time into helping make this year's conference a success. We look forward to seeing everyone again at next year's conference!

CAM also hired a new Membership and Project Coordinator. Please join me in welcoming Dani Peterson to the CAM Team. Dani lives in Wisdom, Montana. She has been a rural school teacher for the past 9 years. We are excited to have Dani on board.

Here's to a fantastic start to 2020. We hope you will find interesting research articles, training opportunities and resources within this newsletter. Thank you for all you do for Montana kids.

*Brenda George, Executive Director, Children's Alliance of Montana*

## Montana Children's Justice Conference

January 15-16, 2020

Bucks T-4



## What's Inside?

- 1 Update from CAM- MT Children's Justice Conf.
- 2 NCA News, Articles, and Trainings
- 3 Regional CAC News, Articles, and Trainings
- 4 MNA Trainings and other Montana Trainings

Questions? Contact CAM at

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## From the Director's Desk



### January 27, 2020 – A Multi-Method, Multi-Informant Approach to Assessing PTSD



Good morning and happy Monday. I hope this finds everyone well. Two weeks ago, I wrote about the hidden cost of resilience. This morning, I'd like to focus on the visible cost of childhood trauma and abuse. Research tells us that, left untreated, the post-traumatic stress resulting from childhood trauma and abuse can lead to depression, substance use, health problems, and even poverty and early death. *Thriving Kids 2019*, p. 5. And it isn't just the children themselves who bear the costs: "their caregivers, and their community, and our country as a whole also [pay] a price. Quite literally: In addition to the physical, emotional, and social costs of child abuse, it also carries economic costs." [id](#). According to a 2015 study, "[t]he CDC determined that each child fatality represents a \$16.6 million cost to the US economy.... Each case of non-fatal child maltreatment was estimated to cost the economy \$830,928 in 2015 currency. Using substantiated cases of child maltreatment investigated and proven by the relevant authorities the figure sits at \$428 billion. But using figures of all families investigated for suspected maltreatment, regardless of whether charges were substantiated, the figure reaches \$2 trillion." *Child Abuse Costs the US Economy \$2 Trillion Every Year*.

**Effective Treatment for Youth with Problematic Sexual Behaviors**

**Best Practices for PSB Treatment for Youth**

- Developmentally Appropriate:** Therapy should be based on developmentally appropriate goals, meet most needs and priorities, use adult offender treatment models and practices as appropriate, reflective and primarily female.
- Evidence Supported:** Cognitive behavioral skills based and multi-systemic approaches that involve caregivers have been shown to have the strongest evidence for reducing rates of recidivism and sexual behavior problems in adolescents, but medication may help with co-occurring mental health issues.
- Trauma Informed:** Effective treatment considers past trauma and current coping mechanisms.
- Family Focused:** Treatment interventions actively involve the caregivers in treatment and address supporting the caregiver's application of effective strategies to manage the youth's behavior.
- Lower Intensity:** When appropriate, in-office, brief, group, or remote treatment options that incorporate intensive higher level of care systems for youth whose behavior requires specialized care or other details community supports.
- Minimize False Assumptions:** When a youth is exhibiting an adult-like sexual behavior, it does not necessarily mean that they have been sexually abused, or that they are in a position of having sexual aggression.

When evidence-based treatment models are followed with fidelity and protective factors are enhanced, PSB decreases and recidivism rates decline.

**Evidence-Based Treatment Models**

An evidence-based treatment model to use that has been scientifically evaluated and shown to make a significant difference in outcomes. There are currently several evidence-based treatment models for youth with PSB that can meet the needs of different populations.

- NET-PSB (Multi-systemic Therapy):** Youth between 11 and 17.5 years of age (and their families) when the youth has engaged in sexually abusive behavior or treated others and is involved in the juvenile justice system.
- PSB-CBT (School-Age Program (Problematic Sexual Behavior - Cognitive Behavioral Therapy):** Children ages 7-12 with DSM-IV symptoms, ages 9-14 with PSB and their caregivers.
- TE-CBT-PSB (Trauma-Focused CBT):** Children (ages 9-12) with a known trauma history who are experiencing PSB and significant PTSD symptoms.

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Effective vs. Concerning Treatment Practices

Like reading this article?

Continue reading and access the links at:

<https://mailchi.mp/nca-online/are-you-using-the-best-tools-to-assess-for-ptsd?e=07f0121e5b>

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## Training Spotlight



### New this month: The Branding + Messaging Series will help you connect with supporters.

If you missed our Branding Town Hall in December, we're offering it again to kick off our new Branding + Messaging Series of webinars. Join us to learn from first-of-its-kind market research—real responses and data from parents, community partners, and Children's Advocacy Center (CAC) pros about what matters to each audience and how it informs the brand and message we're building for the entire CAC movement. Then, the series continues with sessions on the basics of branding your own organization and creating messages, like elevator speeches and more, for three key audiences: community partners, donors and activists, and caregivers.

Online trainings are free to NCA members unless otherwise noted. If you're interested but can't attend a specific session, register for it anyway, and we'll send you a link to a recording of the webinar as soon as it is available. Forward this message to staff, board members, and multidisciplinary team (MDT) partners so they can get trained, too!

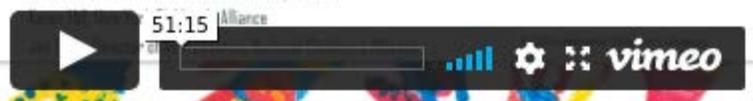
Most online trainings require an NCA Engage account to register. If you don't already have an account, go to the [Getting Started](#) page to learn more. CAC and Chapter leaders can add board members and MDT partners to their Engage accounts along with CAC/Chapter staff.

## COLLABORATING TO CREATE RESOURCES FOR CAC'S:

### On CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIOR

#### ASK THE EXPERT

Jane Silovsky, University of Oklahoma Health Sciences Center, National Center on the Sexual Behavior of Youth  
Carrie Jenkins, Dee Norton Child Advocacy Center



Midwest Regional  
Medical Academy



Midwest Regional  
CHILDREN'S ADVOCACY CENTER



northeast regional  
children's advocacy center

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[nrcac.org](http://nrcac.org)

### Child Physical Abuse: The Risk of Drug Exposure and Opportunity for Intervention



Although screening for drug exposure is an important consideration in the evaluation of suspected child maltreatment, limited data are available on the frequency of drug exposure in children with suspected physical abuse.

To examine occult drug and pharmaceutical exposure in young children with suspected physical abuse, researchers conducted a cross-sectional study of young children diagnosed with high, intermediate, or low concern for physical abuse and tested for occult drug exposure from 2013-2017. Children in the study were between ages 2 weeks-59 months evaluated for physical abuse by a tertiary referral center Child Protection Team. Chart review was performed to determine adherence to recommended testing and drug test results with comparison between groups.

Occult drug exposures were found in 5.1% (CI 3.6-7.8) of 453 children tested; 6.0% (CI 3.6-10.0) of 232 children with high concern for physical abuse; 5.0% (CI 2.7-9.3) of 179 children with intermediate concern, and 0% of 42 children with low concern. As adherence to protocol based screening improved during the second half of the study, so did the overall rate of detection of occult drug exposures (7.9%, CI 5.2-11.9) in 252 children with intermediate or high concern for physical abuse. Most exposures were to cocaine, although non-prescribed pharmaceutical exposures were also detected.

Up to 7.9% of young children suspected of being physically abused also had an occult drug exposure. **Given the adverse health consequences associated with exposure to a drug endangered environment, screening for occult drug exposure should be considered in the evaluation of young children with intermediate or high concern for physical abuse.**

Pebka, H. W., Porada, K., Nugent, M., Simpson, P. and Sheets, L. K. (2019). Occult drug exposure in young children evaluated for physical abuse: an opportunity for intervention. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2018.12.015>

### The Minnesota Runaway Intervention Program



This invited article is one of several comprising part of a special issue of Child Abuse and Neglect focused on child trafficking and health. The purpose of each invited article is to describe a specific program serving trafficked children. Featuring these programs is intended to raise awareness of innovative counter-trafficking strategies emerging worldwide and facilitate collaboration on program development and outcomes research.

This article describes the Minnesota Runaway Intervention Program (RIP), a Minneapolis-St. Paul based program dedicated to supporting youth aged 12-17 who have run away and experienced sexual violence, including sexual assault and exploitation. It is a comprehensive, health care focused intervention, embedded within a hospital-based Child Advocacy Center. (It's actually our home center - Midwest Children's Resource Center!) RIP is developed and led by nurse practitioners who provide services tailored to participants' diverse needs, including health care, case management services, and a therapeutic empowerment group.

Gewirtz O'Brien, J. R., Moynihan, M., Saewyc, E. and Edinburg, L. D. (2019). Featured intervention for exploited and trafficked youth: the Minnesota Runaway Intervention Program. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2019.104141>

[mrcac.org](http://mrcac.org)



**Upcoming Training:**  
**Trauma-Focused Cognitive Behavior Therapy (TF-CBT)**



[srcac.org](http://srcac.org)



## Training:

The Complete Infographic Toolkit for Nonprofits

Learn more: **Click link below**



**Technology Learning Center**



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## Give your Data the Power to Rally support and inspire action! This course will cover:

- Identify what you hope to accomplish
- Learn techniques for finding useful data
- Learn how to translate your data to speak to your audience
- Consider visual techniques and strategies to display your information
- Review tools—live demos— that can help non-designers create infographic
- Walk through from concept to completion
- Explore the communications opportunities
- Walk away with a simple infographic
- Also includes "homework review" in the sessions

[mtnonprofit.org](http://mtnonprofit.org)

## Medical Equipment

**MedGyn:** packaged to include MedGyn Video Colposcopes and forensic evidence-based software that brings you everything your program needs in a convenient bundle plus a laptop preloaded and configured for easy implementation, full video capture capability, statistical analysis, complete system with multi-layer security and a capture card, security key and foot switch.



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